Why is infant mortality still a Problem in Egypt?

Sameer Wassif [*]; Omar El Shourbagy [**] and Osama Wassif [***]
*Department of public health, Faculty of medicine, Zagazig university
**Department of medical studies, Institute of postgraduate childhood studies, Ain Shams university
***Department of public health, faculty of medicine, Benha university.

Abstract

Infant mortality is an important health indicator in Egypt and it is used for the health level of country development report. Egypt attempts to reduce the infant mortality has achieved real gains and the Government of Egypt is moving towards accomplishing the objectives of the Mid Decade Goals (MDG). However, the Disparity in living standards between different social groups and geographical living standards between different social groups and geographical areas, Poverty and low female educational level are the main causes that infant mortality in Egypt is still high.

لماذا تظل وفيات الأطفال الرضع تمثل مشكلة فى مصر ؟

وفيات الرضع هو مؤشر الصحية الهامة فى مصر ويتم استخدامه لمستوى صحة تقرير التنمية القطرية. محاولات مصر للحد من وفيات الرضع قد حقق مكاسب حقيقية وحكومة مصر يتجه نحو تحقيق أهداف الأهداف منتصف العقد (الأهداف الإنمائية للألفية). وحققت محاولات مصر لخفض وفيات الأطفال الرضع تقدم نسبى وتحاول الحكومة المصرية الوصول إلى الأهداف الإنمائية للأمم المتحدة ولكن يعتبر التفاوت فى المستويات الاجتماعية بين فئات المجتمع فى المناطق المختلفة والفقر وانخفاض مستوى تعليم الإناث من أهم أسباب حول عدو تحقيق الانخفاض المطلوب. ومع ذلك، فإن التفاوت فى مستويات المعيشة بين مختلف الفئات الاجتماعية ومستويات المعيشة الجغرافى بين مختلف الفئات الاجتماعية والمناطق الجغرافية المعيشة، والفقر وانخفاض المستوى التعليمى أنثى هى الأسباب الرئيسية أن وفيات الرضع فى مصر لا تزال مرتفعة.

Introduction:

Every year nearly 40% of all under- five child deaths are among newborn infants, babies in their first 28 days of life or the neonatal period. Three quarters of all newborn deaths occur in the first week of life. In developing countries nearly half of all mothers and newborns do not receive skilled care during and immediately after birth. Up to two thirds of newborn deaths can be prevented if known, effective health measures are provided at birth and during the first week of life. The vast majority of newborn deaths take place in developing countries where access to health care is low. Most of these newborns die at home, without skilled care that could greatly increase their chances for survival.[1]

Egypt has experienced considerable decline in the rate of infant mortality since the early sixties, however infant mortality rate remains relatively high as compared to developed world.[2, 4]

The main causes of newborn deaths are prematurity and low- birth-weight, infections, asphyxia (lack of oxygen at birth) and birth trauma. These causes account for nearly 80% of deaths in this age group. The causes of infant mortality in Egypt include acute respiratory infections, preterm and low birth weight and infective diarrheal diseases.[5]

These burden may be due to weak health system and the people are not sufficiently empowered to improve their health and the wide spread poverty.[6]

Objective:

This study aims to offer an analysis of infant mortality rates, trends and differentials for designing and implementing programs for reduction of these rates.
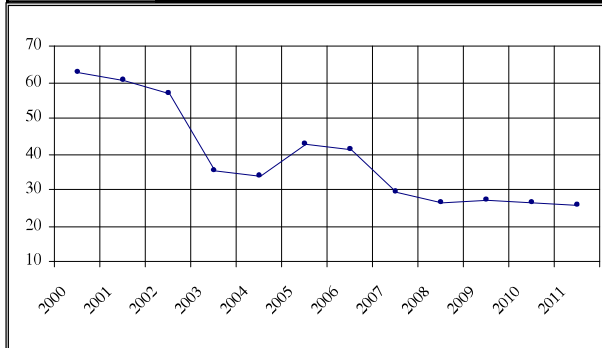
Methodology:

Relevant data were collected from several official sources including records of ministry of health, general department of statistics and evaluation, reports of the United Nations, demographic annual series, epidemiological and statistical annual reports of WHO, records of the central agency of public mobilization and statistics of Egypt. The collected data was presented and analyzed using suitable statistical methodology.

Results:

Table (1) and chart (1) showed that the highest infant mortality rate was in Angola, It accounted for (175.9), where as the lowest one was in Moroco (1.79). Egypt was rated 80 th according CIA world face book, (2012) [7]

Table (1) Infant Mortality rate per 1.000 live births at 2011 in selected ranked countries.

Rank Country	Infant Mortality Rate%	Rank Country	Infant Mortality Rate%
Angola	175.9	Vietnam	20.9
Somalia	105.56	Malaysia	15.02
Nigeria	91.54	Argentina	10.81
Malawi	81.04	United States	6.8
Gambia	71.67	Greece	5
Cameroon	60.91	Israel	4.1
Ghana	48.55	Switzerland	4.08
Iraq	41.68	Sweden	2.74
Zimbabwi	29.5	Monaco	1.79
Egypt	25.2		

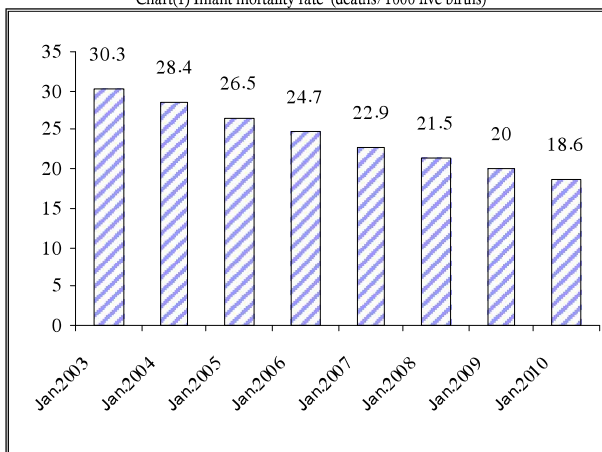Chart(1) Infant mortality rate (deaths/1000 live births)

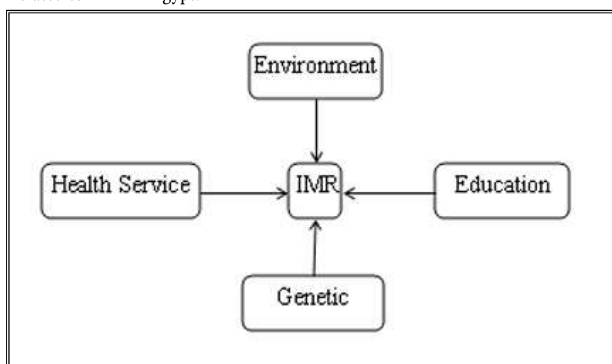Chart (2) for Mortality rate; infant (per 1000 live births) in Egypt.

Table (2) Infant mortality rate (IMR)% over the years (from 2000 to 2011) in Egypt

Year	Infant mortality rate% in Egypt
2000	62.32
2001	60.46
2002	56.6
2003	35.26
2004	33.9
2005	42.59
2006	41.33
2007	29.5
2008	26.36
2009	27.25
2010	26.2
2011	25.2

Table (3) Health indicators of Egypt related to child survival UNICEF (2012)

Basic Indicators	Total population (thousands) 2010	81121
	Life expectancy at birth (years) 2010	73
	Total Adult Literacy Rate%	66
Nutrition	% of infant with low birth weight (2006-2010)	13
	% of children (2005-2010) who are exclusively breast fed (<6 months)	53
	% of under- fives (2006-2010) suffering from underweight (WHO) moderate and severe	6
	% of under- fives (2006-2010) suffering from wasting (WHO) moderate and severe	7
	% of under- fives (2006-2010) suffering from stunting (WHO) moderate and severe	29
	% of households consuming ionized salt (2006-2010)	79
Health	% of population using improved drinking water sources, 2008 total	99
	% of population using improved sanitations, 2008 total	94
	% of routine EP1 vaccines financed by Government 2010, total	75
	% of under fives with suspected pneumonia to an appropriate health care provider	73
	% of under fives with diarrhea receiving oral rehydration and continued feeding, 2006-2010	19
Education Youth (15-24 Years) literacy rate% 2005-2010	Males	88
	Females	82
	Number per 100 population 2010 mobile phones	87
	Number per 100 population 2010 internet	27
Demographic Indicators	Total Fertility Rate 2010	2.7
	% Of Population Urbanized 2010	43
	Population Annual Growth Rate	1.8
Economic Indicators	Average annual rate of inflation% 1990-2010	7
	% of population below international poverty line of US 1.25 per day 2000-2004	2
Women	Maternal mortality ratio 2006-2007 reported	55

This figure shows that from the basic indicators of health in Egypt nutrition, health services, education, and economy, are the main variables related to IMR in Egypt.

Discussion:

Egypt has experienced considerable decline in the rate of infant mortality over the years; however, despite this decline the infant mortality rate in Egypt remain high as compared to several countries and localities. Furthermore, very wide regional variation in infant mortality persists in the country. Environment affects the child health; diarrhea is one of the priority problems in Egypt and a leading cause of infant's death.

Oral rehydration therapy was successfully applied in Egypt, television and radio broadcasting has been used to promote oral fluid therapy. However the disparity in living standards between different social groups, geographical living standards and low female educational level are the main causes that infant mortality in Egypt is still high.[9]

Up to two thirds of newborn deaths could be prevented if skilled health workers perform effective health measures at birth and during the first week of life. Home visits by a skilled health worker immediately after birth is a health strategy that can increase newborn survival rates. The strategy has shown positive results in high mortality settings by reducing newborn deaths and improving key newborn care practices. While home births are very common in developing countries, only 13% of women in these countries receive postnatal care in the first 24 hours. Many mothers who give birth in health facilities cannot return for postnatal care because of financial, social or other barriers. The first days of life are the most critical for newborn survival.

Skilled health care during pregnancy, childbirth and in the postnatal (immediately following birth) period prevents complications for mother and newborn, and allows for early detection and management of problems. In addition, WHO and UNICEF now recommend home visits by a skilled health worker during a baby's first week of life to improve newborn survival. Newborns in special circumstances, such as low- birth- weight babies, babies born to HIV- positive mothers, or sick babies, require additional care and should be referred to a hospital.

Conclusion:

Infant mortality is a complex and multifactorial problem that has shown little improvement in the past several years, despite programmatic efforts. Further efforts to lower infant mortality rate in Egypt should focus on preventing preterm and low birth weight deliveries, and on reducing the large and persistent differences in infant mortality rates. Although successes have been noted in local and regional intervention programs, goals have proved remarkably resistant to intervention efforts. However, the low infant mortality rates in other countries suggest that further lowering of infant mortality rate in Egypt is achievable.

Recommendations:

1. Upgrading of primary health care facilities and equipment
2. Effective training of health team for better management
3. Involving of family and community in solving child problem.
4. Provision of preventive and curative health facilities.
5. Insure provision of all vaccines.
6. Insure the availability of essential drugs.

(Why Is Infant Mortality Still A Problem ...)

7. Strengthening Referral System For Complication

8. Insure Correct Case Management.

9. Support and promote breast feeding.

References:

1. **Egypt human development report** (2010): Youth in Egypt: Building our future UNDP and institute of national planning.

2. Wassif, S. M, Rashid, A; Naser A; Khalifa, S (1987): Analysis of infant mortality levels, Trends and differentials in Egypt. **J. of the military med. Acad.** Vol, 11 (2)

3. Reidpath, P. A (2003): **Infant mortality rate as an indicator of population health**. K. Epi com. Health.

4. **Would bank** (2011): World infant mortality rates pop reference Bueau

5. Hala, M and Mona, H. (2010): **Community medicine for postgraduate studies**, community medicine department, Benha university, pp 314-316

6. El Zanaty F and Ann, W (2009): **Egypt demographic health survey**. Egypt HOM

7. CIA, (2012): **World face book**, MOH

8. Unicef (2012): **Egypt statistics** p33

9. Wallker, K. D (2007): **Why is infant mortality still problem**, public health associates.